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Customer No.: 27765

**Fax To: DASTOURI, MEHRDAD  
Art Unit: 2621**

**Tel.: (571) 272-7418  
Fax: (571) 273-8300**

**From : Winston Hsu, Registration No. 41,526**

**Serial No.: 10/605,744**

**Attorney Docket No.: MTKP0086USA**

**Subject: Information Disclosure Statement (IDS)**

**Total Pages: 18 pages (including cover page)**

**Winston Hsu 11/01/2006**

**RESUBMIT**

**PLEASE PAY ATTENTION TO THIS NOTE!!**

**Dear Sir,**

**The applicant submitted this IDS on 10/20/2006 in US eastern time 02:19 AM. However, the applicant found the submission showed on IFW was incomplete, the applicant hereby submits the IDS again. Please ignore the previous submission, Thank you!**

**MTKP0086USA0\_D1\_2**

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PTO/SB/21 (07-06)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

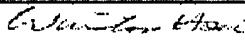
TRANSMITTAL FORM	Application Number	10/605,744	
	Filing Date	10/23/2003	
	First Named Inventor	Gong-Sheng Lin	
	Art Unit	2621	
	Examiner Name	DASTOURI, MEHRDAD	
Total Number of Pages in This Submission	17	Attorney Docket Number	MTKP0086USA

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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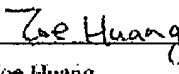
Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	OCT. 20 2008	Reg. No.	41,526

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Zoe Huang
Date	OCT. 20 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-08)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

FEE TRANSMITTAL  
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

## Complete If Known

Application Number	10/605,744
Filing Date	10/23/2003
First Named Inventor	Gong-Sheng Lin
Examiner Name	DASTOURI, MEHRDAD
Art Unit	2621
Attorney Docket No.	MTKP0086USA

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3105			Deposit Account Name: North America Intellectual Property Corporation	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

Fee Description	Small Entity		Fee (\$)		Multiple Dependent Claims		Fee (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)			50	25			
Each independent claim over 3 (including Reissues)			200	100			
Multiple dependent claims			360	180			
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
- 20 or HP =	x	=					
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
- 3 or HP =	x	=					
HP = highest number of independent claims paid for, if greater than 3.							

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =		150	(round up to a whole number)	x	=

## 4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

Fee Paid (\$)

## SUBMITTED BY

Signature	Winston Hsu	Registration No. (Attorney/Agent)	41,526	Telephone	3027291562
Name (Print/Type)	Winston Hsu			Date	OCT. 20 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute for Form 1449A/PTO

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

(Use as many spaces as necessary)

Shea

of

**Complete if Known**

Complete if Known	
Application Number	10/605,744
Filing Date	10/23/2003
First Named Inventor	Gong-Sheng Lin
Art Unit	2621
Examiner Name	DASTOURI, MEHRDAD
Attorney Docket Number	MTKP0086USA

U. S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

**Examiner Signature** \_\_\_\_\_ **Date Considered** \_\_\_\_\_

**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 808. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See *Kinds Codes of USPTO Patent Documents* at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.18 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

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